

University Graduates with Disabilities: A-Follow up Survey Tool

This survey explores the post-graduation outcomes of university students with disabilities. It gathers data on their employment, independent living, community participation/social integration, and supports received by adult disability agencies. It also captures their perceptions about their quality of life.

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UNIVERSITY GRADUATES WITH DISABILITIES: A FOLLOW- UP SURVEY Tool

For more than three decades now, the federal government has been trying to positively impact the lives of individuals with disabilities. Federal legislation such as the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, originally passed in 1975, Section 504 of Rehabilitation Act of 1973, and Americans with Disabilities Act (ADA) of 1990, amended in 2008, provide protections to individuals with disabilities in various spheres of life such as education, employment and , engagement in the social fabric of American living.

The major purpose of Americans with Disabilities Act (ADA) was to ensure that individuals with disabilities are provided equal opportunity for employment and that they are not discriminated against. As a result of ADA, the employment rate for individuals with disabilities have been gradually increasing but still a majority of the individuals with disabilities are unemployed. Of all the employable age Americans with disabilities, only 35% are employed compared to 80% of their non-disabled counterparts. Further, the existing research literature points out that majority of these unemployed individuals are willing to work and they possess knowledge as well as skills that are needed in the workplace (Harris Poll, 2004).

According to National Organization on Disability (2009), each month, the federal government spends about six billion dollars on disability benefits such as Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Medicaid, and Medicare. Clearly, the high rate of unemployment amongst individuals with disabilities poses a challenge not only for the individuals with disabilities and their families but also for the American taxpayer.

In the recent years, with changing labor market trends and with federal initiatives in place, unprecedented numbers of students with disabilities have started attending college (Strodden, Whelley, Chang, Harding 2001; Henderson, 2001). Now, what happens to students with disabilities after graduation from an institution of higher learning? We do not know enough. The research literature on post-graduation outcomes of university students with disabilities is extremely sparse (Madaus, 2008; Gillies, 2005). The purpose of this survey tool is to examine the post-graduation outcomes of university graduates with disabilities.

This survey tool was developed by conducting a review of existing literature on transition (e.g., Madaus, Zhao, Ruban, 2008; Madaus, 2007; Madaus, 2006; Madaus, 2004)) and Harris surveys of Americans with disabilities were examined. As shown in Figure 1, this **survey tool** has **9** scales and **58** questions. Of these 58 questions, 11 questions are **dichotomous**, 16 questions have **unstructured** format, and 31 questions have structured format. Of the 31 questions with structured format, 3 questions represent **multi-option** variable. The 9 scales of the survey tool as shown in **Figure 1** are : (1) **Background Information**; (2) **Current Status of Employment**; (3) **Agency Services**; (4) **Independent Living**, (5) **Community Participation**; (6) **Graduate School**; (7) **Quality of Life**; (8) **Demographic Data**; and (9) **Disability Services at Alma Mater**. In December 2008, the survey tool was **piloted** on university graduates with disabilities and revised accordingly.

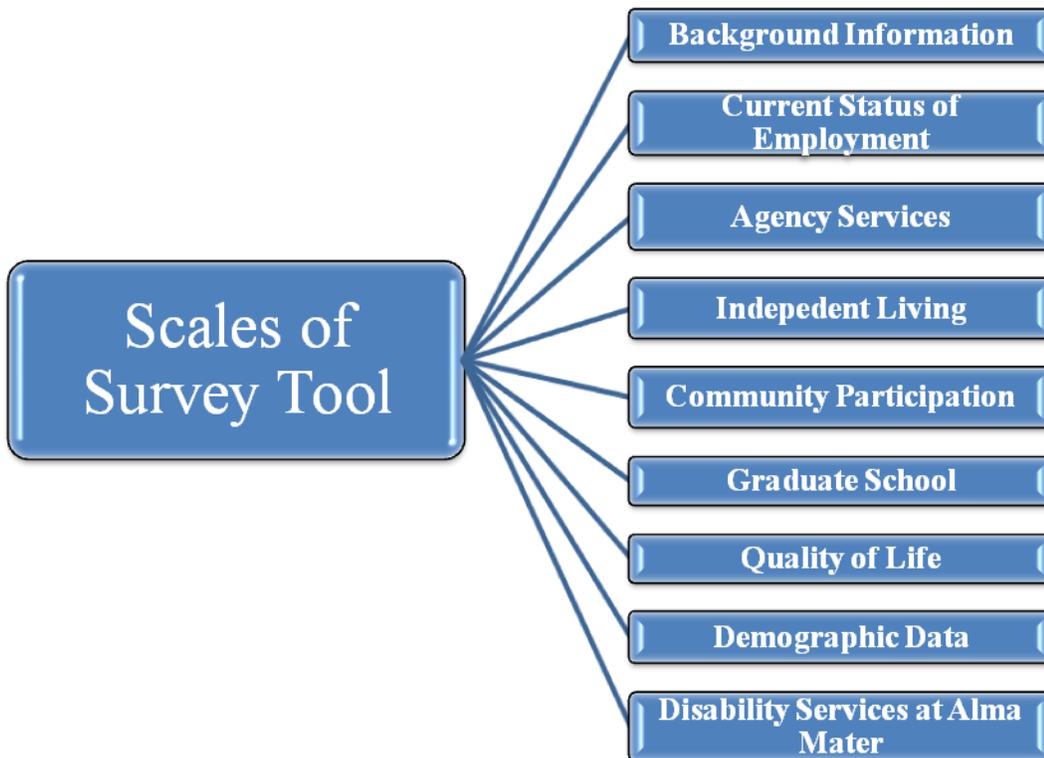


Figure 1: Scales of Survey Tool

University Graduates with Disabilities
A Follow-Up Survey Tool

Directions: Please respond to the following items with the best of your knowledge.

Section I: Background Information

1. Tell us about your university/college.

	The year you graduated from college (e.g., 2004, 2006)
	The degree you earned
	Your major and minor area of study at your university/college
	Total number of years you attended university/college

Section II: Current Status of Employment

2. Are you currently employed? (If you are not employed, skip to question 18)

Yes _____ No _____

3. If yes, for how long you have been at your current job?

4. Not to risk loss of disability benefits such as SSI, SSDI and/or Title 19, I only work part time.

Yes _____ No _____

5. If working, how many hours do you work each week?

	Full time (35 hours or more each week)
	Part time (19-34 hours each week)
	Part time (Less than 19 hours a week)

6. Is there a match between the nature of your work and the academic training you received at the university/college?

Yes _____ No _____

7. What type of job do you have?

	Officials and Managers (e.g., legislators, postmasters, purchasing managers, administrators-education , funeral directors, ship captains)
	Professional (e. g, social worker, photographer, editor/reporter, musician/composer, teacher)
	Technician (e.g., broadcast equipment operator, computer programmer, licensed practical nurse)
	Sales (e.g., cashiers, sales counter clerks, door-to-door sales workers)
	Official and Clerical (e.g. file clerk, hotel clerk, insurance adjuster, postal clerk, bank teller)
	Craft Worker- skilled (e.g., carpet installer, household appliance repairer, machinist)
	Operatives-semiskilled (e.g., carpenter, bricklayer, metal working, assembler)
	Laborers (e.g., fishers, farm workers, stock handlers, animal caretakers)
	Service workers (e.g., waiters and waitresses, attendants, bartenders, family child care providers, police and detectives, crossing guards)
	Other (specify)

8. In the event your disability is not visible, have you disclosed your disability to your employer?

Yes_____No_____

9. Are you satisfied with your job?

	Generally satisfied
	Sometimes satisfied, sometimes not
	I do not like my job
	I wish I could find another job
	I am working only so that I can pay my bills

10. How much do you earn weekly?

	Minimum wage
	Above minimum, please specify
	Below minimum wage

11. What benefits do you receive from your employer? (check all that apply)

<input type="checkbox"/>	Health insurance	<input type="checkbox"/>	Retirement benefits
<input type="checkbox"/>	Paid sick leave	<input type="checkbox"/>	Financial support for graduate school
<input type="checkbox"/>	Paid vacation	<input type="checkbox"/>	Financial support for professional development
<input type="checkbox"/>	Paid personal days	<input type="checkbox"/>	I receive no benefits because I only work part time

12. Does your disability affect your job performance?

Yes _____ No _____

13. If your disability does affect your job performance, specify in ways it does.

14. My employer has made and is willing to make accommodations specific to my disability.

Yes _____ No _____

15. My employer appreciates my work and my efforts.

Yes _____ No _____

16. I am aware of my legal rights at workplace.

Yes _____ No _____

17. How many jobs have you held since graduation from university/college? (circle only one)

<input type="checkbox"/>	One job	<input type="checkbox"/>	Four jobs
<input type="checkbox"/>	Two jobs	<input type="checkbox"/>	Five jobs
<input type="checkbox"/>	Three jobs	<input type="checkbox"/>	More than five jobs

18. My disability prevents me from holding a full time job.

Yes _____ No _____

19. If you are not currently employed, tell us about the last time you were employed.

20. If you are currently not employed, why do you think you are not employed?

Section III: Agency Services

21. Which of the following agencies has provided services to you since you left college/university and/or is currently providing services to you? (check all that apply)

<input type="checkbox"/>	Bureau of Rehabilitation Services
<input type="checkbox"/>	Board of Education and Services for the Blind
<input type="checkbox"/>	Commission on the Deaf and Hearing Impaired
<input type="checkbox"/>	Center for Independent Living
<input type="checkbox"/>	Department of Developmental Services
<input type="checkbox"/>	Department of Mental Health and Addiction Services
<input type="checkbox"/>	Department of Labor
<input type="checkbox"/>	Office of Protection and Advocacy
<input type="checkbox"/>	Other (specify

22. Did you know about the various state and federal agencies that exist to help adults with disabilities?

Yes _____ No _____

Section IV: Independent Living

23. Where do you live for most of the calendar year? (choose only one)

	My own apartment/condominium/house/rented house/rented rooms
	My significant others dwelling
	Group home
	Supported community living arrangement
	Section 8 housing
	My parents'/guardian's/relative's house

24. In the past one year, with whom did you share your living quarters majority of the time?
(choose only one)

	My spouse
	My romantic partner
	My siblings
	Unrelated roommates
	Parents/guardians/relatives
	I live alone

25. Do you have access to the following? (check all that apply)

	Checking Account		Land Phone
	Savings Account		Cell phone
	Credit Card (s)		Internet
	Health Coverage/Insurance		TV/Cable/Dish Network

26. If you have access to Internet, how many hours a week do you spend on Internet?

27. If you have access to television, how many hours a week do you watch TV?

28. Do you belong to any community organizations such as YMCA, local fitness center, church, or club?

Yes _____ No _____ If yes, Specify _____

29. What assistive technology device, if any you regularly use? (e.g., Braille embosser, Text-to-speech, Speech-to-text, Teletext, Wheelchair/Scooter)

30. Do you consider yourself an independent individual?

Absolutely _____

Most of the times _____

Sometimes _____

Hardly ever _____

I am fully dependent _____

Section V: Community Participation

31. Do you think you are an active member of your community and are involved in it in various ways such as attending festivals, cultural events, participating in fitness activities, games, races, and going to concerts?

Yes _____ No _____

32. How often do you socialize with friends, neighbors and relatives?

Every day of the week _____ Once a week _____ Two-three times a week _____

33. How often do you eat out in a restaurant?

	Once a week		Once a month
	Twice a week		Other (specify)

34. In the past one year, how many times did you go out to see a movie?

35. How often do you go shopping for food or household maintenance items?

36. With whom do you spend most of your free time?

Friend (s)_____Family_____neighbor (s)_____

37. Who provides you the much needed, ongoing social support?

38. Would you consider yourself socially isolated?

Yes_____No_____

39. What is your most frequent mode of transportation in the community?

	Personal Auto		Public Transportation
	Shared Rides		Para Transit

40. Transportation is a real problem for me.

Yes_____No_____

41. Do you have a driver's license?

Yes_____No_____

42. Does your disability prevent you from driving or interfere with your driving in any way?

Yes_____No_____

43. In the last 12 months, how many times you did not get the medical service (s) you needed?

Section VI: Graduate School

44. Are you currently attending graduate school?

Yes _____ No _____

45. If yes, what school and your area of study?

46. Is your employer paying any part of your tuition fee?

Yes _____ No _____ NA _____

Section VII: Quality of Life

47. Are you satisfied with the quality of your life?

Most of the time _____ Sometimes _____ Once in a while _____ Rarely _____

48. Do you think your disability affects the quality of your life?

Absolutely _____ May be _____ Not sure _____

49. What would add to the quality of your life given that your disability may not ever have a cure?

Section VIII: Demographic Data

50. How old are you?

51. What is the nature of your disability?

52. Is your disability congenital or acquired?

53. What is your ethnic/racial background?

54. What is your gender?

Male _____ Female _____

55. What is your marital status?

Married _____ Engaged _____ Single _____ Divorced _____

56. Anything else that you would like to share about your post-graduation period?

Section IX: Disability Services at your Alma Mater

57. What should the Office of Disability Services at your alma mater have done differently for you?

58. How can institutions of higher learning be of more support for students with disabilities?

Thanks for your Participation!

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